

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90056 033 ***150.00

DOCUMENT # P99000079304

1. Entity Name
K P MOSAICS, INC.

Principal Place of Business

**2260 NW 70TH LANE
MARGATE FL 33063**

Mailing Address

**2260 NW 70TH LANE
MARGATE FL 33063**

LUU47818

2. Principal Place of Business

2260 NW 70th Lane

3. Mailing Address

2260 NW 70th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

margate, FL

City & State

margate, FL

4. FEI Number **65-0952212**

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

33063

Country

Broward

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, KERI
2260 NW 70TH LANE
MARGATE FL 33063**

Name

Keri Phillips

Street Address (P.O. Box Number is Not Acceptable)

2260 NW 70th Lane

City

margate

FL

Zip Code

33063

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **KERI PHILLIPS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Keri Phillips

4-13-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, KERI 2260 NW 70TH LANE MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keri Phillips*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 (954) 971-5605

CR2E034 (10/00)